L13000155454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400252099544

10/21/13--01044--005 **160.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 05 2013

EXAMINER

W13 585169

EFFECTIVE DATE 11/01/13

8 SIB, LLC
127 Leafmore Rd. SW
Rome, Georgia 30165

November 1, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attn: Deborah Bruce

Subject: 8 SIB, LLC
Reference #: W13000058569
Letter #: 713A00024628

Attached is a revised application for 8 SIB, LLC with an effective date of November 1, 2013. Please process as resubmitted.

Sincerely,

John S. Gaines Jr.
j.gaines@comcast.net
706 346-0225

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2013 NOV -4 PM 12:58
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TALLAHASSEE FLORIDA

Attachments: 3 Sheets

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2013

FILED
2013 NOV -4 PM 12:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JOHN S. GAINES JR.
127 LEAFMORE RD .SW
ROME, GA 30165-3812

SUBJECT: 8 SIB LLC
Ref. Number: W13000058569

We have received your document for 8 SIB LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 21, 2013. Please amend your document accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 713A00024628

$160.00

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 8 SIB LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN S. GAINES JR.
Name of Person

8 SIB LLC
Firm/Company

127 LEAFMORE RD. SW
Address

ROME, GA. 30165-3812
City/State and Zip Code

J.GAINES@COMCAST.NET
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOHN S. GAINES JR at (706) 346-0225
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

☐ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☒ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

$160.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

8 SIB LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
127 LEAFMORE RD. ROME, GA 30165	(SAME)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

IVANETTE FREE
Name

8101 THOMAS DR.
Florida street address (P.O. Box **NOT** acceptable)

P.C.B., FL 32408
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

X Ivanette Free
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 11/01/13

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	JOHN S. GAINES JR. 127 LEAFMORE RD. ROME, GA. 30165
MGRM	NORMAN T. GAINES 175 FAIRVIEW DR. ROME, GA. 30165

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-1-13. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JOHN S. GAINES JR.
Typed or printed name of signee

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2013 NOV -4 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)